

# CERTIFICATE OF NEED

## ***ADVISORY***

### Michigan Department of Health and Human Services

#### CERTIFICATE OF NEED

South Grand Building  
333 S. Grand Avenue  
Lansing, Michigan 48933  
(517) 241-3344 -Fax (517) 241-2962

### **CON Fees - Expedited Processing**

MCL 20161(3)(c): *If required by the Department, the applicant shall pay \$1,000.00 for a Certificate of Need application that receives expedited processing at the request of the applicant.*

- This form must be submitted via a separate e-mail to Project Coordinator ([MDHHS-CONProjects@michigan.gov](mailto:MDHHS-CONProjects@michigan.gov)).
- The Requested Proposed Decision Date must be specified. If the Department is unable to meet the requested date, an alternate decision date can be proposed.
- If the expedited processing request is approved by the Department, the applicant is responsible for submitting all requested additional information on a timely manner; otherwise, the application will be subject to the full review period.
- The Expedited Processing Fee can be submitted online at the time of application submission, or by a check mailed to the Department, at:

Checks are to be made payable to: State of Michigan, and Certificate of Need (CON) is implementing a [new mail process](#) starting immediately. All payments (checks) must be mailed directly to the Cashier's Office at MDHHS Cashier Office, Suite 801, Certificate of Need, P.O. Box 30437, Lansing, MI 48933.

Please include the following information with the check in this format:

CON number	XX-XXXX
Facility number	XX-XXXX
Facility Name	XXXXXX (If not on the check)
Payment for	Application fee, Annual Survey, LOI, Fine/Settlement, etc.

Please send all payments (checks) to:  
MDHHS Cashier Office, Suite 801  
Certificate of Need  
P.O. Box 30437  
Lansing MI 48933

Please send all Applications and Electronic Documents to:  
[MDHHS-CONProjects@Michigan.Gov](mailto:MDHHS-CONProjects@Michigan.Gov) AND/OR  
MDHHS Certificate of Need Evaluation Section  
South Grand Building, 4<sup>th</sup> Floor  
P.O. Box 30195  
Lansing MI 48909

**Applicant Must Complete SECTIONS 2-5**

<b>SECTION 1 - DHHS USE</b>			
CON Number	<div style="text-align: center;"><b>EXPEDITED PROCESSING REQUEST</b> <b>Michigan Department of Health and Human Services</b> <b>CERTIFICATE OF NEED</b>  South Grand Building 333 S. Grand Avenue Lansing, Michigan 48933  Phone: (517) 241-3344 – Fax: (517) 241-2962</div>		
Facility Number			
Date Submitted			
<b>AUTHORITY:</b> PA 368 of 1978, as amended <b>COMPLETION:</b> Please complete this form and submit to the Department.		<i>The Department of Health and Human Services is an equal opportunity employer, services and programs provider.</i>	

<b>SECTION 2</b>			
1. Legal Name of Applicant <i>(Must be exactly the same as Section 2 on Letter of Intent)</i>			
2. Current Name of Facility			County
3. Proposed Name of Facility			
4. Current Facility Address <i>(Street &amp; Number or P.O. Box)</i>	City	State	ZIP Code

**SECTION 3 - Justification for Expedited Processing Request:** *(Attach additional sheets as necessary)*

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<b>SECTION 4 – Requested Proposed Decision Due Date and Review Type (check one):</b>	
Requested (Expedited) Proposed Decision Due Date <b>(Must be at least 30 days from submission of this request):</b>	
<input type="checkbox"/> Non-Substantive Review	<input type="checkbox"/> Substantive Review